

HOUSE BILL 840
Children, Youth and Families - Services to Children with Special Needs

EXPLANATION:

In June 2008, Governor O'Malley's Children's Cabinet published the Maryland Child and Family Services Interagency Strategic Plan (ISP),¹ the culmination of an intensive, collaborative effort by the Children's Cabinet in partnership with families, communities, and providers to improve the child-family serving delivery system to better anticipate and respond to the needs of children, youth and families. This proposed legislation supports the implementation of Maryland's shift to a more family-driven service delivery process, facilitates the provision of community-based services for children with intensive needs by allowing families to self-refer for services without a lead agency, and provides for child and family teams selected by the families to develop plans of care for community-based services rather than the currently-required local interagency bodies that often lack first-hand familiarity with the families' needs.

Maryland Article 49D (recodified in Maryland Human Services Article §8-409), originally established the State Coordinating Council (SCC), and a Local Coordinating Council (LCC) in each Maryland local jurisdiction. The SCC and LCCs are charged with reviewing cases of children placed into in-State residential placements and out-of-State (OOS) placements to ensure that these placements are necessary, and that there are no other available resources which would allow children to remain in their homes and communities during treatment. Current statute also requires LCCs to provide an interagency plan of care for children diverted from residential placement.

The Children's Cabinet established a Statewide system of regional Care Management Entities (CMEs) in November 2009. CMEs serve as an entry point for children with intensive needs so that they can achieve the goals of safety, permanency, and well-being through intensive care coordination using a Wraparound service delivery model and the development of home- and community-based services. As stated in the ISP:

As the Children's Cabinet and local jurisdictions have moved toward more innovative, individualized team planning models, the existing structures have manifested as barriers to family-driven care. The LCC structure as it is written in statute and regulations requires a redundancy in the development of an individual plan of care by the LCC in those jurisdictions that are using care management entities to develop and implement plans of care for the same population of youth with intensive needs. Agency staff, community members, and families have all articulated throughout the Listening Forums the frustration with having a static group of individuals serving on a local team that is supposed to generate an individualized plan of care based on the strengths and needs of a particular child and family.

This proposal removes the above-referenced barriers to family-driven care and aligns Maryland's service delivery system with system of care values set forth in the ISP and current practices in Maryland.

¹ Available at: <http://www.goc.state.md.us/PDF/FinalInteragencyStrategicPlan.pdf> .

JUSTIFICATION

The Interagency Structures theme within the ISP states: “Interagency structures need to be redesigned to support the culture shift to a more individualized, family-centered service delivery system. Communication needs to flow easily between the state and local levels, as well as between and across agencies, systems, community members and families.”

Recommendation 2 within this theme states: “There should be a commitment from all child-family serving agencies at the state and local levels to support an improved interagency structure and individualized plans of care for children and families.” The strategies to implement that recommendation include:

Strategy 2.1: The Children’s Cabinet Agencies should expand the use of Child and Family Teams, particularly when a child or family presents a challenge that could result in out-of-home placement, more restrictive services and/or in multi-system involvement.

Strategy 2.2: The CCRT [Children’s Cabinet Results Team] should immediately convene a state-local workgroup on interagency structures, including crafting legislation and regulations. The workgroup should include state, local, family, and community representatives, with membership determined by the CCRT.

To implement these strategies, a State-local workgroup composed of State Agency partners and representatives from family and advocate organizations, Core Services Agencies, and Local Management Boards, was convened in January 2009 with the purpose of recommending an improved interagency structure for the development and implementation of individualized plans of care for children involved with multiple child-family serving agencies. The functions of the workgroup were divided into two phases:

Phase 1: Make recommendations to CCRT regarding the establishment or reconfiguration of a local interagency structure to serve as an open door for families when they begin to recognize unmet, escalating needs in their children, especially when children do not otherwise qualify for services. (Strategy 2.2.1) Consider making recommendations to CCRT for statutory and regulatory changes for the LCC [Local Coordinating Council], SCC [State Coordinating Council], and CSI [Community Services Initiative].

Phase 2: Address any outstanding issues from strategy 2.2 (*e.g.* additional statutory or regulatory barriers to care, improving communication, etc).

This proposed legislation addresses the following recommendations of the workgroup:

1. The Children’s Cabinet Agencies should be supported in their efforts to fully shift care plan development to a team planning model that is driven by the child and family vision, strengths and needs and that is in line with the practice model of the lead agency.
 - a. Individual care planning should be done within the context of Child and Family Teams for youth with intensive needs and their families.

- b. Youth and families must be a part of these teams, with their voices and opinions heard and respected.
 - c. Minimum standards for Child and Family Teams should be developed across practice models to promote consistency and should include definitions of authority, responsibility, and key membership, including family support partners. The design group should look for parallels with the Child and Family Team, IEP Teams, Family Involvement Meetings, Student Support Teams and other team planning models.
- 2. The Children's Cabinet should be supported in its work to make Care Management Entities (CMEs) available to all jurisdictions to support youth who are involved with multiple agencies or systems or who have more intensive needs to have individualized, flexible, intensive care coordination. Care coordinators in the CMEs should be available to facilitate Child and Family Teams and manage Plans of Care for various populations of children and youth.
- 3. The statute and, as necessary and relevant, the regulations, for Community Services Initiative, Rehab Option, Local Coordinating Councils, and State Coordinating Council must be revised to reflect proposed changes in the flow of funding; referrals, eligibility, and enrollment; and plan of care development, approval, and implementation in order to effectuate the changes recommended, particularly the use of Child and Family Teams to create and implement plans of care. This analysis and re-design should be done by a State-local design group that is representative of Children's Cabinet agencies, at the state and local levels, their Assistant Attorneys General, community providers, families and youth.
 - a. Specifically, the LCC as currently constituted should be restructured and renamed. The newly constituted body must have capacity to provide local/regional problem solving functions; promote accountability and outcomes; and, serve a systems management and governance function at the local/regional level.
 - b. This body should include representatives of the local/regional child- and family-serving agencies, as well as representatives of family members and youth.
 - c. This body should support the work of the State Coordinating Council.
 - d. The reconstituted LCC should be empowered to support families to access services and supports when there is no lead agency or a family does not meet eligibility for a particular service.

Prepared by the Governor's Office for Children - March 2, 2011.

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Attachment: HB 840